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Observations on the Relationship between Child and Adult Neurosis*

By R. G. McINNES, M.R.C.P.E.

A study of the relationships between neurosis in adults and in children necessarily involves the inclusion of all those factors which go to the composition of the neurotic picture. The influence of heredity, of constitution, of biochemical and biophysical changes arising from somatic causes, and disturbance of endocrine function, must all be taken into account as well as the psychological influence both external and internal. It is obvious that in a brief talk I cannot hope to deal with this wide range of considerations; but while selecting a few rather neglected aspects of the psychogenesis of neurotic states for special mention, I want to make it clear that this present preference should

not be taken as indicating disparagement of the basic factors which I have mentioned. Indeed it is my view that the value of the purely psychogenic factors can only be properly assessed when they are seen in the setting of a wide psychological concept of the genesis of neurotic states. Having entered this caveat I feel that I may now proceed without fear of distortion to give you a few impressions arising from clinical experience regarding the relationship between child and adult in so far as the development of neurosis is concerned.

In the first place, although one would have thought that the work of Freud, on the all-important matter of the mother-child relationship, would

* Adapted from a talk given at Oxford to Psychiatric Social Service Students.

have effectively directed attention not only in theory but in practice to the enlightened management of the early days and weeks of the infant's life, there is as yet remarkably little evidence that such a development has taken place to any save the slightest degree. In fact it seems to me that in the management of infants and young children, mothers, nurses, and even doctors have not yet reached the stage where the application of sound principles arising from analytic experience is yet a practicable proposition.

It is often difficult to get accurate information about infant feeding, but in those cases where it can be traced, there is frequently a story of difficulty in getting the infant to suck, impatient handling by mother or nurse, a too early (and often unjustifiable) resort to the bottle, weaning problems and the like. Maternity nurses have a good deal to answer for in this respect, and many doctors just as much; but one looks forward to the time when things will be left more to nature, when the accoucheur and his assistants will attend to the general psychological atmosphere of the birth room, and interfere as little as possible in the establishment of a good bond between mother and child.

With even the most enlightened and respectful doctors and nurses, however, this emotional bond will not be well established unless the mother herself is in a well poised emotional state. This in turn depends far more on what kind of person she is than upon what she tries to do to or for the baby. This is simply another way of saying that her unconscious emotional atmosphere enwraps the child in a way which influences its behaviour to a profound extent. R. D. Fairbairn (1) emphasizes the primary emotional needs of the child as being the need to be loved and the need to have its own love accepted as being good. The failure to satisfy either of these needs leads to basic insecurity which may later give rise to neurosis or even more profound disorders.

The second prominent impression on looking back collectively so to speak over the histories of neurotic patients, is the surprising extent to which the parents of such patients seem to have failed either to sense or to perceive the love needs of their children. Is this failure of insight a product of the age of scientific materialism? Have parents become too mechanized preferring to think (if they think at all) that to be loving is to be slushy and sentimental, and that to accept love gladly and freely from their children is to indulge a tendency productive of a family of "cissies"? The dominance of intellect in the present age has had as its counterpart a devaluation of the emotional life. Yet there is nothing more devastating than a rapid and sterile agreeableness which is simply the denial of natural emotional responses. No one would advocate a completely uncontrolled display of emotion—there must be some kind of form within which the emotional life can express itself; but this framework should be flexible within the widest limits of social and moral

acceptability, and the aim should be to keep it at its barest minimum. (In parenthesis one of the penalties of being excessively well mannered is that one is liable to develop emotional constipation—a very prevalent social disease which leads to many unpleasant side effects. The thing above all others for which the true aristocracy are to be envied is their ability, through long generations of maturing tradition, to be very affectionate without being maudlin on the one hand, and, on the other, to be extremely disagreeable without being offensive.) Many people have lost the knack of being emotionally natural, and the effect of this on children is bound to make for insecurity. On the other side of the picture large families are not uncommon where the parents and children are on terms of the freest emotional relationship; rows are not infrequent, but just because they occur spontaneously they are seldom serious, and a brief engagement clears the air; demonstrations of affection are just as frequent but never forced or formal, and consequently never embarrassing. Such conditions favour the development of security and poise in the children, and one is often struck by the sureness of touch which such people—often quite unintellectual—display in their personal relationships.

To give a complete account of the effects of parental influence on the laying down of basic emotional trends in children would be impossible, but there are three further points worthy of mention. The first I have already alluded to, namely the influence of the unconscious emotional atmosphere. There are a great many parents who behave well towards their children, but whose efforts in this direction are brought to nothing because of deep seated disharmony in their own minds. Quite recently I had a mother and a small girl of four brought to me. The child would not or could not sleep upstairs unless the mother came upstairs too. On the face of it there was no obvious cause—the mother was sensible, intelligent and orderly in her attitude to the child. She was affectionate and considerate too. The father was steady, perhaps rather unimaginative. Apart from the sleeplessness the little girl showed no other disorder. The mother gave me an account of two of her own dreams which on analysis revealed an unconscious hostility to her husband, who was in fact a father figure carrying strong ambivalence for his wife. With the emergence of this material the child began to sleep naturally. It is perhaps not too great an assumption to say that the child was unconsciously influenced by the true situation, and reacted to it by anxiety at night.

Parents need never imagine that by behaving well in front of the children they are therefore shielding them from psychological harm. On the contrary, the damage although not immediately visible may be all the more profound for being left unhealed at the time. The broken home with overt marital disharmony is of course serious for the emotional poise of the children, but the

existence of unconscious hostilities may be more subtle and prolonged in its effects. What is the mechanism whereby unconscious content in the parents is communicated to the unconscious of the child? The Jungians might call it "participation mystique"; whatever its name and nature, it is very real.

The second point I wish to mention is perhaps more prosaic, and is consequently overlooked in the present-day welter of analytic theory and practice. It is simply the question of the inculcation of good habits both of thought and conduct. Life is dynamic, but it should also have form and order. I have already alluded to the necessity for a framework. Habit is one of the components of that framework, and the development of good or bad habits plays a part in the formation of the pattern within which the movement of life will go on. In treating adult neurotics it is easier to get good results with people who have been brought up with a sense of order, of appropriateness, of the fitness of things, and more difficult with those whose habits of thought and conduct are shapeless and sloppy.

The old fashioned training in good habits is not to be despised. It can of course be overdone. The day when children were obliged to read the Good Book on Sunday afternoons while their elders snored on the antimacassars need only be moderately mourned, and yet it is not at all certain that roaming the streets or gaping from the two-pennies at Hollywood close-ups is a particularly good exchange. It should be borne in mind that in training children there must always be that fine maintenance of equilibrium between freedom and order. The two are not incompatible; indeed the more one understands about true order (that is, the inner order of the mind) the more one realizes that freedom and inner order are organically complementary. This is the true inwardness of the evolution of Christian democratic forms. The religious way of life implies inner order of mind and spirit in conformity with religious experience and its dogmatic statement. It also paradoxically implies freedom—freedom from the constantly recurring alternatives of the material world, and therefore freedom for the full development of the highest spiritual attainments of which man is capable. (The danger about the present trend towards social planning is that it will become an end in itself. Like the inculcation of good habits in children, social planning should only be a component part of the form in which human beings can be free to develop themselves; otherwise it is merely a reversion to a more immature and hierarchical level of existence.)

There comes a point in the treatment of many neurotics when the usual reductive procedures have been completed, when explanation has done all it can, and when persuasion, encouragement and exhortations to correct adjustment have gone as far as possible. Not infrequently it is at that point that the basic trouble becomes appallingly

obvious. It can be put quite simply in terms of the neurotic's question: "Why adjust at all? Is this attempt to achieve a common standard of social behaviour, of morality, of professional or business ability all that there is to strive after? Is this so-called normality, this prosaic pattern of the ordinary the chief end of all the labour and sweat?" One is bound to agree that if it were so, the effort would scarcely be worth while.

Psychotherapy should properly have more than one aim. It should concern itself with the removal of symptoms either directly or by the reduction of the conflicts from which they arise; next, with the establishment of healthy attitudes and habits of thought; but last and most fundamental of all it should concern itself with giving to the patient, or at least in assisting him to find in himself an individual category of values, essentially creative in nature and differing from the ordinary categories of social and moral values in the same way as meaning differs from measurement. Behind all the enormous amount of minor neurosis there is a background of disorder and disintegration which can probably only be adequately stated and fully appreciated in philosophical or religious terms. In psychological terms one could say that the disorder consists of the failure to establish a sufficiently meaningful relationship with the non-material aspects of life. The failure in fact to develop a philosophy or a religion. (This line of thought leads of course to many thorny problems, such as religious education in schools, the boundaries of the psychotherapist's functions, and many others.) I believe that the essence of the difficulty lies not so much in the absence of a body of religious or philosophical belief, as in the disuse of the function of mind which normally establishes significant relationships with the realities which are concretized in such beliefs. Most people are still bemused by the discoveries of science, and have ceased to wonder about that which is still undiscovered and indeed probably undiscoverable.

The category of values has become horizontal to the exclusion of the vertical (to use another figure). Herein lies one of the pitfalls of social service work. It seems to me that social service workers spend so much time finding out all *about* people, their age, occupation, size of house, husband's salary, family history, illnesses, etc., that they have no time left for finding their way *into* them. And yet it is only in so far as they do so that they are able to influence them effectively and permanently. It is only in so far as they can employ a similar category of values (talk the same language) that what they do and say and the way they look and think will become meaningful for their patients. Lawrence Hyde (2) puts the matter as follows: "Although detachment is of the utmost value if you are concerned with fossils or spiral nebulae, when it is exercised in the field of sociology it happens to produce the unfortunate result that it prohibits you from dealing with exactly that type of data which, from the point of view

of understanding and controlling life, it is most important that you should handle. It is not that detachment in this field is undesirable, but that if you exercise it rigorously only certain limited aspects of the question can present themselves to your attention. It ensures the reliability of such conclusions as you actually reach, but implies at the same time that they are of a comparatively sterile nature. This circumstance should be obvious enough. Yet the sociologists persistently fail to recognize its significance. They talk instead as if it is only to the detached and scientific eye that the truth about human beings can ever be apparent." This passage, although perhaps a slight over statement of the position, brings out clearly the point which I am trying to make.

Now it seems to me that the "other" category of values, i.e. the non-scientific immeasurable category is spiritual and creative in nature, and that the religious function (which I believe to be common to man) is the instrument by which we may be enabled to reach a mutual and meaningful appreciation of these values. If this is true it is little wonder that people who have never had an opportunity to develop the religious function often find themselves adrift in a world of shifting, impermanent, and shallow values, and for those of tender mind this is an experience which readily leads to insecurity, conflict, disorderly behaviour and neurosis. Jung in his *"Modern man in Search of a Soul"* goes so far as to say that among all his patients there has not been one over the age of 35 whose problem in the last resort was not that of finding a religious outlook on life.

This digression has taken us a long way from the question of habit formation, and yet behind it there has been the thought that in so far as the exercise of the religious or integrating function may be made a habit, it is probably the most valuable one which can be bestowed upon any child by those in contact with it. Before leaving this topic, I should make clear that I am using the word religious in its literal sense. Perhaps a better word would be "integrating" function—that which relates us to the wholeness of things. In no way do I use the word religious as denoting any particular creed or sectarian belief.

One further impression from clinical experience deserves mention before concluding. It is that of the great prevalence of devaluation and differentiation in neurotics. Sometimes this is a primary causal factor, as for example, where a child becomes devalued and differentiated from others by loss of parental love, or by frank rejection. The things which can lead to devaluation are innumerable, complex, and sometimes very subtle; and at the hands of insensitive parents or teachers children may suffer severe damage in this respect in an imperceptible way. Later, devaluation and differentiation are often secondary to the emergence of overt neurotic symptoms and may also of course follow any organic illness particularly if the debility is of long standing. By the time the adult stage

of neurosis is reached there is often a fixed sense of inferiority, of difference from other people which is extremely difficult to combat therapeutically, especially if it has been gradually built up on an ascending series of self convictions.

The real remedy for this lies in a greater degree of insight among parents, teachers and all who have the care and management of children.

With regard to the future of psychiatric work with neurotics, one cannot get away from the feeling that the main effort is at present misdirected. The enormous amount of time spent on treating neurotics does not produce an adequate result in the social and economic sense. It is true, it may do so in the individual sense, and this must be kept in mind, but sooner or later we shall have to start at the other end. Even child guidance does not go far enough back. What is needed is a much greater depth of insight spread over a much wider number of people. By insight I mean more than learning by rote of what is good or bad in bringing up children. I mean the possession of a sense of values of a creative and meaningful kind, in addition to the scale of material values by which we at present mostly live.

The child must come to be honoured not only for what it can do, or can be made to do, but for what it is. How is this kind of insight to be achieved and spread in the face of superficiality, indifference, and frank hostility? The first requisite is that those who are trying to spread it must have insight themselves. "You cannot do good unless you are good" it has been said. This means that all doctors, clergymen, psychotherapists, teachers, social workers and everyone whose profession brings them into influential contact with human beings ought ideally to be possessed of greater insight than is common.

To some this kind of insight is a kind of gift, a kind of flair for human beings. To most it comes, if it comes at all through contact with parents who already possess it. Others may acquire it laboriously by self analysis, or by some form of psychological analysis provided that it includes the discovery of a philosophy; others achieve it by way of religion. The vast majority hardly possess it at all.

We are really very much in the position of having grown so far away from nature that we have to re-learn laboriously how to be natural; on another level it is perhaps equally true that having once fallen from grace we have to climb towards it again with much sweat and travail. Work with neurotics, both children and adults, cannot fail to arouse an acute consciousness of the terrible inadequacy of our comprehension of these problems.

I am well aware that this paper has only touched upon one or two aspects of the neurotic problem. The great importance of heredity, constitution, endocrine influences, and other biophysical or biochemical variations must be given due place. There is also a vast field for the investigation of social and economic conditions as factors in the

genesis of neurosis. Any adequate formulation of the neurotic problem, either in general or in the individual case must take all of these into account.

If I have seemed to emphasize certain purely psychological aspects of the situation to the exclusion of other equally important considerations, it is partly because lack of space makes it impossible to state all the arguments fully, and particularly because the aspects upon which I have chosen to dwell are those which are often ignored. None the less they ought to be tackled by orthodox psychiatrists, who, as far as their understanding allows, are in a position to give due weight to each and every influence in the production of neurosis. What is needed is the spanning type of mind capable of holding in poise all the elements which go to the composition of the neurotic situation. Whether this is within the compass of man is open to question but it is the goal to strive after. The sectionalism

which is still so much in evidence is a hindrance rather than a help to its achievement. The gaps for example between psychiatry and medicine, between medicine and religion, between orthodox psychiatry and the analytic schools, even the gap between one analytic school and another remain to be bridged. Diversity there must be, but it should be diversity related to a central unifying principle. In a larger sense it is this central unifying principle which is longed for and sought after all over the world to-day.

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Child Guidance, the Clinic and the School

By W. J. T. KIMBER, M.R.C.S., L.R.C.P., D.P.M.

This paper outlines the need for the development of right feeling or the right spirit, but before proceeding with its subject, I would explain its title. The placing of the "Clinic" before the "School" has been done deliberately to indicate the ground from which the problem is approached, since this is my only justification for entering the domain of education. Apart from this, I write but as a scribe without authority.

My experience is based on the work of the Hertfordshire Psychiatric and Child Guidance Clinic, which began in a small way nearly ten years ago and to which not far short of 500 children of pre-school or school age were referred last year. I was dissatisfied with the task of acting merely in a first aid capacity relegated to picking up casualties, and this, I trust healthy, dissatisfaction has encouraged me to put forward here some suggestions not only as to where things appear to have gone wrong but also, with less certainty, as to how they might be put right.

I trust, therefore, that the proposals will be accepted, considered and judged in the light of this explanation.

Some Problems needing Consideration

A recent study undertaken by a committee of the Women's Group on Public Welfare associated with the National Council of Social Service, and published under the title of "Our Towns", throws considerable light on our immediate problems.

"More and more", the Report states, "it is borne in upon us that the educational services get hold of the child too late. An onslaught must be made on poverty by means of family allowances and minimum wages, and the children with

unsatisfactory homes must be helped by letting them live day by day in a different environment: they must have nursery schools from the age of two years. We cannot afford not to have the nursery school; it is the only agency capable of cutting the slum mind off at the root, and building the whole child while yet there is time."

"The five-year-old enters school already suffering from all the complaints which the school doctors and nurses will spend their time in combating during his school life. The under-fives have been found lousier than any other group; evacuation showed that children under five were already set in bad habits of every kind." (1)

The Importance of Right Feeling

If the aim of education is to ensure "right living", it must be recognized that "right living" comprises more than learning. The child must be educated as regards its body towards "positive health" (hygiene), as regards its mind into right thinking (intellect), and as regards the spirit into right feeling. The development of right feeling or the right spirit is certainly not the least important but probably receives the least attention. The technique of its development is certainly the least well understood.

I shall approach the question from the point of view of the problem which the child presents to the community in its school life, in the hope that—looked at from this point of view—the main outline of the problem may be clearly apprehended.

The small child is, then, an individual endowed with certain intellectual capacities, and the school system sets out to deal with these in a more or less adequate way. Certain abnormalities of intellectual endowment call for modified handling, if full benefit is to be secured for the child, but more

important, far more important in the early years, is the emotional make-up of the child.

All human relationships are profoundly affected by feeling. The child's relationship to other individuals, to mother, father and the family, and the development of a good relationship with school friends and teachers and later with workmates, colleagues and society at large, is in great part influenced by his capacity for right feeling.

Not unfittingly, right feeling has been referred to as the Divine Spark, since it is through this talent that generous impulses and our higher aspirations develop, while without it the merely intellectually educated acquire but a selfish "safety first" attitude to life's challenge. We must realize that only through the development of right feeling can a child learn to "love" his brother whom he hath seen and, if we are sincere in our protestations, we shall ensure that he is given real opportunities for taking this first step, for only after this will it be possible to give an appropriate answer to the further question, "How can he love God whom he hath not seen?"

Both the gifted and the dull child will respond to similar lines of treatment in developing right feeling, whereas a definitely modified curriculum will be needed for the latter, if we are to ensure his acquiring the habits of right thinking.

Development of Right Feeling

It is not my intention here to survey the physical health of the schoolchild nor the home conditions and other factors embraced in the term "environment", though a full educational scheme cannot neglect these important factors.

It is essential, however, to consider these and also the school "atmosphere" and environment, in so far as they affect the emotional development of the child, since the development of right feeling is of at least as great, if not of greater, importance than that of intellectual ability. Complaints have been made recently that, judging by the conduct of the young in too many instances, the schools have instructed but have failed to turn out useful citizens, in spite of the fact that in many cases the intellectual capacity of the individual was normal or even superior. This is expressed tersely in the saying that the schools are occupied with the teaching of "learning rather than living".

Conduct we recognize is the resultant of three ultimate mental factors—cognition, affection or feeling attitude, and conation. Cognition includes the intellectual attributes of mind (including apprehension and judgment), affection the emotional attitude (including probably interest), while conation covers the processes of volition and activity conditioned by the other two.

The question is: Does our educational system concern itself equally with the affective aspects of the child's development as with the cognitive? Honesty will, I think, compel us to answer "no" and yet "modern psychology regards feeling as the dynamic factor determining behaviour". (2)

This factor of affect or feeling which is so important, is a very evasive entity, partly perhaps because it functions to a great extent at unconscious levels. It is interesting to remember that it was not separately recognized till the time of Kant, cognition and conation alone holding the field. Though we pay lip-service to it to-day and academically its position is established, in the practical field of education it is far from receiving the attention it deserves, and while arrays of intelligence tests exist there is no comparable system for determining the affective capacity or development of the individual. Not only is this so, but in some quarters so much importance is attached to the Intelligence Quotient that the lack of means to estimate the affective capacity or to determine an emotional quotient is barely recognized, so that a real danger exists of the Intelligence Quotient being regarded as the equivalent of mental capacity.

This is really a disastrous state of affairs, since right knowing is of little value without right feeling—in fact a high degree of intelligence associated with ill-developed or perverted feeling-attitude almost ensures its possessor becoming a social problem in some way or other as is shown by the appearance in the courts and clinics of individuals in childhood or adolescence with Intelligence Quotients well above the average.

The Teacher and the Parent

The school rightly is primarily concerned with the child's intellectual and cultural development, while the growth of right feeling must have its foundations laid in the home, but a proper partnership is essential for the adequate progress of the child.

"The aim of the school", writes Mr. W. R. Little, "should be to get the fullest co-operation between the school and the parents in all matters affecting the welfare of the children. It has been found that the best method of dealing with apathetic or prejudiced parents is to interview them privately, and to have a quiet talk about the needs of the children. If the parents will not come to the school, then it is worth going to visit them. At heart, in spite of their prejudices, the great majority of people desire happiness for their children." (3)

It seems possible that many teachers would regard the problem of home visiting, in addition to the calls now made on them, a further burden that they should not be asked to bear. It is in fact a task where not only tact but a somewhat specialized technique is required, which in most cases is only acquired by an individual after a course of training and some practical work under supervision. Moreover, when difficulties have arisen, as they often will, between the school and the parents, the descent of the headmaster on the home will probably help little, whereas an intermediary in the form of a trained social worker might accomplish much.

In some instances, a move in this direction has already been made by the appointment of School Attendance Officers as "School Welfare and Attendance Officers", but something more than a change in name is required, and the duty of prosecuting in cases of non-attendance cannot in practice be associated with satisfactory welfare work.

The teachers would not be absolved—could not be, if they are to occupy the position they should in the estimation of parents and pupils—from making close and understanding relations with parents, but much difficult and time-consuming work could be done for them by adequately trained social workers, who would also be of great assistance in the formation and successful running of Parent Teacher Associations.

The psychological justification for the employment of the methods I have indicated as a basis for the development of right feeling is undisputed. With "right feeling" engendered between child, parent and teacher, the foundations have been well and truly laid for the fuller development of right thinking and of healthy living, for hygiene of the person, of the school (society) and of the home, including all the domestic virtues (a field of great importance which I must mention in this connection but on which I cannot enlarge). From such beginnings may be more surely built up that desire to serve which is the foundation of the teachings of Christian citizenship.

While within the educational system there is great scope for the educational psychologist—as I have indicated below—and an extensive field exists where medical (psychiatric) aid is not needed, the child who continues to be a problem cannot properly be regarded as other than a medical (psychiatric) responsibility. The question of how far the conduct is the result of emotional, intellectual, physical or environmental factors is a very complex one requiring, in some cases at least, extensive medical (not only psychiatric) investigation if a correct diagnosis is to be made.

The Child Guidance Clinic must therefore remain a medical responsibility, although it is true that at the present time many children who are referred there, if they had been correctly handled in the first instance with the help of an educational psychologist, would never have required clinic treatment.

The Nursery Years

Experience has shown that in too many instances, parents in the home unaided are not capable of affording the child in the first five years that care, guidance and training which is so vital for its future school career. Children too often become "set in bad habits". General provision of Nursery Schools is indicated and it is to be hoped that latitude will be given to individual authorities to develop them on their own lives, subject to the observance of certain standards of efficiency, before any degree of uniformity is demanded.

The Sub-Normal Group

For the intellectually sub-normal children who are, however, above the feeble-minded group in ability, special classes in the ordinary schools are desirable. These "dull" children constitute approximately 10 per cent. of the whole. Teachers with special training are required for their education, and a special type of curriculum is needed in which concrete materials are employed as far as is practicable. Individual attention should be available as required, and therefore the numbers in special classes must be small. The children in these classes should, however, participate quite freely in the normal school recreative and social activities.

Special Day Schools for the educable mentally defective (feeble-minded) children are desirable. These constitute only about 2 per cent. of the school population. By attendance at schools rather than boarding at residential special schools, the influence of the home, which is so important for the feeble-minded child, is secured. Modern transport facilities should enable a day special school suitably located, to provide for the needs of a wide area. The mother of the feeble-minded child is probably right when she refuses to let him go to a residential school, for in spite of arguments to the effect that this will provide suitable education—which it may, from the intellectual standpoint—the child will miss the chances of full emotional development, the inculcation of right feeling, which a good home life should give.

The much larger and more important problem of the education of the dull and backward child urgently requires further consideration, for delay in recognizing and treating such disabilities often causes the child to experience considerable emotional distress. Frequently the disability of such children is recognized by their teachers, and often in a large class attempts are made to give them some special help, but among children of their own age group they get left behind in class in spite of all such efforts. This is almost inevitable, since it has been shown that for the most part these children have great difficulty in grasping abstract ideas and relationships and their verbal ability is usually very restricted. If attempts are persisted in to teach them on normal lines with the standard equipment, these children will become more and more deeply discouraged. Failure will be heaped on failure and dull hopelessness, evasion or active aggressiveness will characterize their conduct, according to individual make-up and experience.

Far too often it is not till this stage is reached that the child is referred to the Child Guidance Clinic when a psychological test shows that his Intelligence Quotient is such that he has the mental capacity of a child several years younger, e.g. a mental age of $7\frac{1}{2}$ years in a child of 10 years. His actual scholastic attainment level may be even lower than this. By this time not only has the defect itself to be dealt with by remedial coaching in individual sessions in order to make up some of the lost time,

but often emotional disturbance is so marked that a prolonged period of treatment on psychological lines is required in the clinic by play therapy, group play or individual psychotherapy.

Without unfairness it may be said that such an advanced state of affairs should not be allowed to develop. There are two measures which might be taken and which would, I think, prevent it. First, arrangements for such children to be examined in the schools and at an early age by an educational psychologist. Second, the wider establishment of Special Classes, to which I have already referred, where the dull children (10 per cent.) can receive education suitable to their needs.

The Educational Psychologist

The services of an educational psychologist should be available in the schools. The appointment should probably be on a sessional or part time basis in order that the individual may not become narrowly specialized purely on school problems. Short of arrangements for a systematic estimate of the intelligence of every child entering school, his (or her) duties would be to assess the intelligence of any child who was not making satisfactory progress, to indicate the reasons and the remedy. Where there appeared to be a purely educational problem, this would be explained to the teacher concerned and suggestions for handling the case given. In some cases, this might mean the temporary transfer of a child to a special class.

In cases where the cause was not clear or the problem was one in which possibly emotional and physical factors were involved, the child would be referred directly to the Child Guidance Clinic.

While purely educational problems, including a number of special reading disabilities, could be dealt with adequately by these means in the school and there is no need to call in the aid of the specialized services of the Child Guidance Clinic, it should be recognized that the Clinic is essentially a medical service of a highly specialized kind and it can no more form a subsidiary part of the educational service or the school medical service than, for example, can the services providing for the treatment of tuberculosis or orthopaedic conditions. There should, however, be no hesitation in referring children early for treatment for thereby the time required is shortened and a successful result is much more probable.

The Value of Play

The part that play occupies in the development of young children is emphasized by Dr. Susan Isaacs in regard to Nursery School education. She also emphasizes the value of play in helping them to solve three of their greatest difficulties. Play is a factor in overcoming much of the feeling of insecurity responsible for both fears and temper tantrums; it enables the child to compensate for feelings of being unloved and not wanted and with increasing dexterity to lose the fear of its own destructive

impulses which are often very disturbing. Finally, through play, the child achieves a feeling of creative power and ability to control its environment.

All these considerations are of practical importance also in devising a curriculum suitable for the dull child.

While in various directions the value of special educational methods for the less talented children followed by careful placement in suitable occupations on leaving school had been fully proved in pre-war years, it was the Army Medical Service under enlightened psychological guidance which seized the opportunity the war offered of demonstrating on a large scale how great a return in community service the dullard can give if he is properly instructed, considerably handled and given an adequate idea as to his value as an individual, and of his responsibilities in consequence of this position. Much can be learnt from this very successful experiment.

For the dull children a much more practical scheme of work is required. Such a scheme should not be developed in isolation, thus ostracizing the pupils who should take a share in the general school activities as far as possible. An educational psychologist would be of considerable help in dealing with and advising on a number of individual special problems which are bound to arise in connection with such a scheme.

Too often under present conditions many children continue in the schools till finally a long-suffering teacher's patience is exhausted or some overt act of rebellion on the part of a pupil who, owing to his handicaps, has been continually frustrated, forces authority to take some more definite action. Only then is the child referred to the Child Guidance Clinic or possibly the Juvenile Court. By this time a reputation for consistent misconduct and inattention is established, and the child so often feels without friends and without hope. A well-established emotional disturbance, hard to eradicate, has been grafted on to what was at one time possibly a fairly simple educational disability. Many hours must be spent in treating such a child at the Clinic, if a successful result is to be achieved, whereas had the services of an educational psychologist been made use of in the school at the beginning, this might all have been avoided.

Vocational Guidance

From the point of view of the medical psychologist who sees not only children, but adolescents, in a Clinic, there is one further aspect of education that seems important, the "placement of school leavers". This, I am aware, has not been disregarded. Mr. W. Thompson, Director of Education for Sunderland, writes:

"This is one of the most important factors that educationists must face in their consideration of a future system and not least in its bearings on delinquency."

And again:

"Too long have we been placing 'square pegs into round holes' and endeavouring to round them off. The effect has been a lack of interest on the part of the 'pegs', wasted or misguided energies—or rather leaving surplus energies for less worthy objects—and eventually a drift into 'blind alley' occupations, and squandered abilities." (4).

Here again the trained psychologist can help. Fostered by the National Institute of Industrial Psychology over a period of years, vocational tests have been developed by psychologists, and while much of what has been done is not yet published and is not generally available, even with our present knowledge something can be done—if not to fit the child for the most appropriate job, at least to advise against gross misfits.

It is reported of the late Sir Truby King that he took to his child welfare work because "too late"

was written all over his duties in a mental hospital. I must claim indulgence on similar grounds, and should like to emphasize the point that the psychologist—be he medical, educational or industrial—can help the educationist by advice, by suggestions and sometimes by criticism. What I have here set out is an attempt to help on these lines, and I make no greater claim than that.

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Post-War Reform in Mental Nursing

By STAFF NURSE TOM CATHERALL (*late of Chester County Mental Hospital*)

Winner of the "Lord" Memorial Essay Prize, 1942

There are mental hospitals in which it is hard to find any idle patients. In other hospitals there are hundreds of patients obviously suffering from continued inactivity. At my own hospital, I have seen such patients with no hope of improvement; but from the changes effected there by Occupational Therapy alone, I would never despair of even the worst case. I have seen hundreds of patients made into human beings. This is my reason for taking up the subject of Occupational Therapy as a post-war necessity. Without this method of treatment, numbers of patients would be left without hope. As the possibilities of Occupational Therapy become more widely known, I believe it will be imperative for every Authority to remedy a very grave defect. Many reforms might be suggested in the sphere of mental nursing, but, judging by the results of this widely applicable form of treatment, it seems that the universal acceptance of the principles of Occupational Therapy for mental patients is that of the greatest value and urgency.

The change in atmosphere and conditions in hospitals where Occupational Therapy has been adopted is a revelation. Where it has been applied, its possibilities have become apparent; this work of Occupational Therapy, along with the accepted application of the results of medical research, has completely changed the life in mental hospitals. Here is a means of preventing the futility and pitiable waste of lives. It is always a preventive against chronic dementia when all admissions have the benefit of Occupational Therapy in some form from the date of their admission.

When admitted to hospital a mental patient is out of alignment with normal life; his outlook is distorted; he may be without initiative and have no interest, or he may lack the capacity to attend to his personal hygiene. Patients suffering from melancholia may have morbid delusions which produce a feeling of unworthiness

with the consequent loss of confidence. Schizophrenics escape from reality and live in a world of fantasy. Occupational Therapy alleviates the suffering of many types of mental patients by helping to readjust or alter the above characteristic outlooks and to re-educate those with faulty habits; it arouses the desire to achieve, restores confidence and balance and brings back patients to reality. Before this treatment was introduced a patient's life was monotonous—day after day was passed in inactivity, broken only by the routine of meals and walks in the airing courts—a changeless round in which there was no hope of arousing the apathetic patient, and no outlet for the energies of the excited, other than that afforded by perpetual quarrels or their well-known destructive habits. True, a small number of suitable patients worked on farms or in the gardens, but of those remaining the irritable were aggravated by being closely confined, and there was no stimulus for the indifferent.

Where Occupational Therapy has been introduced and organized, conditions are different. The patient is employed and is given a specific occupation which is within his capacity—something which will interest him, divert his attention from himself and become absorbing. The results are encouraging.

At present Occupational Therapy in mental nursing is only in its infancy; it has not been developed as it might be. It *must* be fully practised and its principles accepted. How can this be achieved?

One of the most important factors is the environment. To obtain the greatest benefit the patient must be housed in congenial surroundings. There should be ample space with large, airy wards, good lighting, pleasing decorations and furniture; and no overcrowding. The building should be well situated, with a pleasant outlook from the windows, the gardens adjoining well planned with rockeries and lawns, and the patients there should be encouraged to take an interest in their

cultivation and to participate in games. Above all, the retaining fence should be inconspicuous so as to avoid the feeling of frustration. Such surroundings would do much to dispel the "shut-in" feeling, lessen resentment, create an atmosphere of responsibility and restore the confidence of the patient.

Occupational Therapy must begin at the first possible moment; idleness is devastating to mind and body. In the wards there should be facilities for patients to perform the normal routine of hygiene, and each should have his own towel, toothbrush, etc., and be encouraged to take an interest in his personal appearance. Toilet utensils should be labelled and kept where all patients, whether confined to bed or otherwise, have access to them, and a daily routine should be carried out under supervision. This is the nurse's duty and should be conscientiously and daily performed until the patient learns the habit. One of the aims of Occupational Therapy is to bring the patient suffering from mental disorder back to the normal way of life, and it is important to create the desire for, and sometimes to re-educate in, these small but important duties.

Having established the routine of personal hygiene and pride in personal appearance, specific occupations can be prescribed for the patient. A knowledge of the past history, physical capacity and the usual intelligence of the patient is a help in the choice of a suitable occupation. The medical officer in charge of the case, the occupational therapist and the nurse can assist here.

There are two groups of patients to be considered: those who are expected to recover quickly, and those whose illness will be long. Acute cases can be given a definite course of treatment by graded occupations, and others can be drafted into the utility services of the hospital and thus become useful members and, most important, be prevented from deteriorating.

For regressed patients there must be a time-table of habit-training and a daily routine. This habit-training would be a saving for many of the hospital services—e.g. in clothing, laundry, furniture and, above all, in staff. In this matter the best will never be forthcoming while wards are very large. A ward of fifty patients is suitable. From an economic point of view it would be impossible to do away with the existing mental hospitals, which have too large wards and are prison-like in appearance. But it is possible in the future to build hospitals on the villa system, with thought for appearance, practicability and the type of patient to be treated. Let there be no suggestion of the prison! Means of restraint must be inconspicuous and the aspect of the buildings should give a feeling of freedom. Space must be provided for the convenient administration of Occupational Therapy. Hospitals must be suitably equipped, and the training of mental nurses should include a course in Occupational Therapy.

Great care ought to be exercised in the selection of staff; it is very important that they should be of suitable character. The ideal nurse is well educated, of absolute integrity and has enthusiasm for the vocation, a sympathetic personality, and with ability to instruct. On

entering the hospital service the nurse should receive at least three months' instruction in an annexe apart from the hospital before having any responsibility for patients. The course should include lectures on anatomy, physiology, psychology, an outline of mental disease and a knowledge of the various treatments for mental disorders. An introduction to the treatment by occupation should be given and the nurses encouraged to study crafts, country dancing, exercises, etc. Nurses should be acquainted with the various departments, the different types of patient and the treatments being given. All should be obliged to take the qualifying examination in mental nursing, and those in charge of wards should obtain the General Nursing Certificate in addition to the Certificate in Mental Nursing and a qualification in Occupational Therapy. Nurses who fail to take the examinations, or who are not up to the standard, should become auxiliaries and do the domestic work of the wards, but should never have charge of patients. This scheme should result in a very high standard of treatment, and a corresponding benefit to the patients and the profession as a whole.

Occupational Therapy, in conjunction with other treatment for mental illness, is a means by which the patient, if not cured, may be trained to make the best of his limited capabilities and enabled to live his highest life. Regressed patients must be re-educated and have habit training; apathetic and depressed patients must be stimulated and made to regain confidence; excited patients must be stabilized. By the proper application of Occupational Therapy, all these classes can be enabled to contribute in some measure to the community and to themselves.

Occupational Therapy has been developed abroad. America led the way after the last war and recognized the value of prescribed occupation; Germany and Holland also developed the treatment. It is only in the last twenty years that Occupational Therapy has been practised to any great extent in Great Britain. This form of treatment is now recognized by Government Departments and is included in rehabilitation schemes.

Therefore, in the post-war reconstruction it would be well to include a reform which needs so little expenditure and where so many natural facilities are available. "Work is nature's physician." Scientifically applied work and play can heal and alleviate the suffering of the mentally sick. It is our duty as a Christian country to include any reform that will make for a happier community.

My reason for emphasizing Occupational Therapy for the treatment of patients in mental hospitals in any reconstructional methods to be adopted after the war, is that it is the only method I have seen that embraces all classes of patients, and also that hinders dementia in a great number of patients. I believe it will become imperative for every Authority to use to the limit of its capacity methods that have proved their worth. The alternative, I believe, is mental death for very many patients and the loss by Authorities of an economical approach to the treatment of their patients.

News and Notes

A Scottish Farm Colony

On July 18th, 1942, Todhill Boys' Farm Home was licensed by the Board of Control for Scotland as an Institution for the reception of high grade mentally defective boys, who had received some previous training in farm or garden work in a larger institution, and who were considered likely after a trial under conditions of greater freedom to prove suitable for employment on farms.

Todhill Farm Home is situated in Ayrshire in the centre of a farming district. It was originally started in 1913 by the late Dr. Cossar as a training farm for slum boys, and at the time of being taken over for its present purpose was occupied by a few boys under Probation from the Courts.

The building is a modern one, having been rebuilt in 1938 following destruction by fire, and has ample accommodation for 24 boys. It stands in 43 acres of arable land and with 650 feet of glass for tomato growing. Three horses, three cows, pigs and hens are kept. It is under the management of the Scottish Labour Colony Association and the Department of Agriculture for Scotland have an over-riding supervision.

When licensed by the Board of Control, the Home had in residence an experienced staff and a particularly good Superintendent and Matron who had had long experience in dealing with the neglected slum boy and with boys on probation. It is interesting to learn that they find the boys now under their care react much better to training and give a great deal less trouble than their previous charges—a state of affairs to be accounted for by their previous institutional training. The local Medical Officer visits regularly and takes a keen interest in the new venture, while the Medical Superintendent of Lennox Castle Certified Institution acts in an advisory capacity.

Already farmers in the district are asking for the boys' services, and during harvest time and potato lifting a batch of them is sent out to the neighbouring farms. It is expected that very soon some will be ready to be placed out on farms as wage earners. At present, each boy receives pocket money, and any money made for outside work is credited to all. Green battle dress has recently been obtained.

Although technically a Certified Institution, Todhill is in actual fact a Farm Colony and Hostel. This is the first Farm Colony to be started in Scotland and it is already proving a great success. In order to simplify procedure, consideration is at present being given to the advisability of changing its status from that of a Certified Institution to an actual Colony and Hostel for boys sent out on licence from institutions.

A New Type of Children's Home

An interesting enterprise has recently been undertaken by the Middlesex Education Authority who have opened a small Home for children committed to their care under the provisions of the Children and Young Persons' Act, 1933, whilst awaiting placement in foster-homes. The average length of stay is six weeks although children who through malnutrition, enuresis or some other cause are not suitable for immediate placement, remain in the Home for two or three months. Children are also received when, owing to some emergency, immediate removal from a foster-home is necessary. During their stay the children attend the local council school.

The Home is staffed by a Matron and Assistant Matron and there are generally one or two carefully selected older

girls between 15 and 17—also "care and protection" cases awaiting disposal—who enjoy helping with the younger children. To Education Authorities faced with the difficulty of quickly finding foster-parents, a Home of this type would seem to fill a much needed gap.

An Isle of Wight Development

A useful precedent has been created by the Isle of Wight County Council who have recently appointed a Psychiatric Social Worker whose salary is the joint responsibility of the Visiting Committee of the Mental Hospital, the Education Committee and the Mental Deficiency Committee. In connection with the Mental Hospital, her work is chiefly concerned with the provision of After-Care, including the finding of suitable employment; in addition she makes any special enquiries needed and obtains information about patients on admission. For the Mental Deficiency Committee she acts as Petitioning Officer, arranges for the placement of cases under Guardianship and in Institutions, and undertakes a limited amount of statutory supervision. For the Child Guidance Clinic she provides case histories and interviews relatives.

There is inevitably a limit to the amount of service which can be given to each of the three Committees and much must be left undone, but as the whole of the work is under the direction of one medical officer who acts as Medical Superintendent of the Mental Hospital, Medical Adviser to the Mental Deficiency Committee, and Hon. Medical Director of the Child Guidance Clinic, the problem of allocating time does not present serious difficulties.

The Island is to be congratulated on initiating an enterprise which provides one more demonstration of the advantages to be gained from a unified Mental Health Service.

Bursaries for Psychological Nursing

Through the generosity of Sir Felix Cassel, a number of bursaries are to be awarded to State Registered Nurses desiring to study modern methods of treating and nursing patients suffering from functional nervous disorders. About six bursaries will be awarded each year for a training lasting four months, three months at the Cassel Hospital and one month's experience of social work under the Provisional National Council for Mental Health. Through its Social Case-Work Department, the Council will provide facilities for gaining an insight into the environmental conditions of the various types of adult patients dealt with by the Hospital, and will also show the students something of work for defectives and for problem children.

In a letter to *The Times* (August 17th) Sir Farquhar Buzzard, Chairman of the Committee which has been formed to administer the scheme, pointed out that Sir Felix Cassel recognized, in common with the medical profession, how small a part the study of psychological factors in disorders of health has hitherto played in the training of nurses in this country, and hoped that the holders of his bursaries might subsequently help to interest and educate an increasing number of nurses in this important aspect of their work.

Further particulars of the scheme may be obtained from the Secretary, Cassel Bursaries, Ash Hall, Bucknall, Stoke-on-Trent.

An Experiment at a Home Office School

An interesting experiment to meet the serious problem of furtive sex talk was recently initiated by Miss M. E. Cullen (the Provisional Council's Regional Representative in Region 2) at a small Home Office School for Senior Girls.

The staff wisely felt that this outbreak of morbid interchange of distorted ideas and sensational experience indicated a need for open discussion on a number of related questions. On Miss Cullen's suggestion, it was decided to have a series of informal meetings on the "Brains Trust" pattern at which the girls' anonymous questions could be frankly answered and the moral and social implications fully discussed.

The girls' response has been significant, revealing a tragic amount of anxiety and disturbance in connection with such subjects as the hope of happy marriage in spite of having "gone wrong", childbirth, homosexuality, etc. The discussions brought to light much ignorance of sex physiology, and arrangements were therefore made for a talk and film on the subject.

It is reported that the effect of the discussions is already marked; there has been a notable lessening of anxiety and the furtive talk has almost completely ceased. The experiment will be continued in the autumn.

Course for Allied Social Workers

At the request of the British Council, the Provisional National Council is holding a Six Months' Course for women of allied nations who, on the liberation of their country, intend to return to work in rest camps, hostels, children's homes, etc., and to take part in the various schemes for rescue and reconstruction.

The first part of the Course (which began on September 20th) is being devoted to the study of Infancy and Early Childhood: the second part will deal with the Child from Seven to Fourteen, and the third part with the Adolescent. The Tutor of the Course will be Miss Ruth Thomas (Psychologist of the Provisional National Council), who, with Dr. Lois Munro and other experts, will give the lectures. Practical experience designed to give an insight into the working out of the problems under discussion, will be arranged for each student.

The students will visit Children's Nurseries and Child Welfare Centres and will spend a fortnight actually working in a Day and in a Residential Nursery; during the second part of the Course they will visit Play Centres, Backward Classes, Approved Schools, etc., and will spend a fortnight in residential institutions for children of the age-group they are studying. Work in a Youth Club, with a week in a hostel for young people, will be arranged during the third part of the Course, and finally the students will visit Child Guidance Clinics and attend Case Conferences.

Throughout the Course—which is being held at 39 Queen Anne Street—there will be practical classes in dancing, story-telling, the making of play material, simple handicrafts and other recreational activities.

Twenty students (18 Polish and 2 Czech) have been enrolled for the Course.

Youth Leaders' Conference

During the week-end of September 13th to 15th, the Provisional National Council, at the invitation of the City of Leicester Education Authority, held a Conference for Youth Leaders, at the School of Technology and Art, attended by about 30 leaders of the City's Youth Clubs. At a preliminary meeting the local conditions of the Youth Service were fully discussed with the eight City Youth Organizers and the Director of Education. The Course

itself, under the direction of Miss Ruth Thomas, consisted of five lecture sessions with discussions, devoted mainly to the developmental problems of young people, the function of the leader, and the practical problems of organization and activities within the Clubs. Considerable discussion centred around the relation of the Club to the schemes mooted throughout the country for the further education of young people and the, as yet untouched, problem of the inclusion in such schemes of training in personal relationships. There is already in Leicester, a direct liaison between employers in industry and the City's schemes for evening education. The conference registered a general consensus of opinion that a similar liaison on democratic lines was needed, to ensure a more realistic approach in Clubs and elsewhere to educational schemes which must concern themselves with young people's lives as a whole. It was felt that such liaison, to be effective, must include committees of workers, both young and old, as well as of employers.

Conference on Mental Health

The Provisional National Council is holding a One-Day Conference on Mental Health at the Caxton Hall, Westminster, S.W.1, on Friday, October 29th, 1943.

The Conference will be opened by the Rt. Hon. Ernest Brown, M.C., M.P., Minister of Health, at 10.30 a.m. The morning session will be presided over by Sir Otto Niemeyer, G.B.E., K.C.B., Chairman of the Provisional Council, who will speak on "The Development and Extension of Voluntary Mental Health Services". The second part of the session will be devoted to a consideration of the Mental Health Work of Local Authorities, with special reference to the development of Joint Schemes for all Mental Health Services as well as for Child Guidance, and to the place of the Residential School in the Education of Defective and Sub-Normal Children. The speakers will be: Dr. Thomas Beaton, O.B.E., Mr. E. R. Davies, Deputy Clerk, Berkshire County Council, and Mr. John Duncan, Head Master of Lank-hills Special School.

At the afternoon session, Sir Farquhar Buzzard will take the chair. Two subjects will be dealt with: (1) The Effect of War Conditions on the Mental Health of the Community, and (2) The Selection and Classification of Homes and Hostels in relation to the Needs of the Individual Child. At this session the speakers will be: Dr. Ian Skottowe and Miss Lucy L. G. Fildes, B.A., Ph.D.

Tickets for the Conference (6s. 6d. to include Report, 5s. without Report), or 2s. 6d. for one Session only, should, if possible, be obtained from the Provisional Council, 39 Queen Anne Street, W.1, in advance.

The Report will be published in the next issue of MENTAL HEALTH, which will be a special Conference Number.

Fellowships in Child Psychiatry

At the meeting of the Medical Sub-Committee of the Child Guidance Council held in August, five Fellowships in Child Psychiatry were awarded. This brings the number of Fellows in training up to eight, with the addition of two who will commence training in the New Year.

The appropriation from the Commonwealth Fund of America and the Treasury Grant have made this extension of the training programme possible, and it is indeed fortunate that so many of the candidates who applied for training merited fellowship awards.

To widen training facilities, further clinics have been approved by the Provisional Council and these are

accepting trainees, while still more clinics are to come before the Medical Sub-Committee for approval.

The Fellows now in training are: Dr. Louise Devlin and Dr. Elizabeth Mackworth at the Child Guidance Training Centre; Dr. Helen Gillespie and Dr. Kenneth Mellett at the Maudsley Hospital; Dr. Elizabeth Huband at Aberdeen. Dr. Mellett is also training at Guy's (full time at two clinics); Dr. Elizabeth Whatley and Dr. H. C. Scott are at the Tavistock Clinic; and Dr. Rosemary Pritchard at the Hertfordshire County Psychiatric and Child Guidance Service.

Many of the Fellows have agreed to forgo the fellowship grant, indeed some are paying a fee which covers the cost of their training. To these the Council are most grateful as it is only in this way that any considerable extension of training facilities can be made.

Development of Voluntary Child Guidance Clinics

It is interesting to note the establishment of two voluntary Child Guidance Services, both of which have developed in districts where there was no Child Guidance Service: The Liverpool Catholic Children's Protection Society have established a clinic service in connection with the Notre Dame Convent. The Very Reverend Canon J. Bennet, Administrator of the Society, is acting as Director of the clinic which is about to open at 2 Maryland Street, the premises of the Liverpool and District Child Guidance Clinic which closed down in May 1942. The Dorset Child Guidance Service, under the presidency of Her Grace Nina Duchess of Hamilton and Brandon and the Honorary Medical Directorship of Dr. J. Stephen Horsley, is sponsored by voluntary and individual enterprise in the district, though we understand that they have not yet sufficient funds for the staffing and establishment of a clinic.

Mental Health Lectures

A series of Twelve Weekly Lectures on "The Psychology of Frustration and Fulfilment" is being held under the auspices of the Provisional National Council for Mental Health at Caxton Hall, London, S.W.1, at 5.15 p.m., on the following dates:

October 5th, 12th, 20th and 27th. Miss Anna Freud, on "Instinct Fulfilment and Frustration in Education".

November 3rd, 9th, 16th and 23rd. Miss E. N. Rooker (late Principal of Dr. Barnardo's Staff Training School) on "Practical Applications in Childhood".

November 30th, December 7th, 14th and 21st. Prof. John Macmurray (Grote Professor of the Philosophy of Mind and Logic, London University), on "Social Sources of Frustration and Fulfilment".

Tickets for the Course, £1 (single tickets, 3s. 6d. per lecture, as far as accommodation permits, should if possible be obtained in advance from the Lecture Secretary, Provisional National Council for Mental Health, 39 Queen Anne Street, W.1.

The National Council for Mental Hygiene

The Annual Meeting of the National Council for Mental Hygiene will be held at the Hall of the Medical Society of London, 11 Chandos Street, London, W.1, on Thursday, October 28th, at 3 p.m., followed by tea. The date has been fixed for the convenience of members who may wish to attend the Mental Health Conference, arranged by the Provisional National Council for Mental Health, on the following day. It is hoped that members will make a special effort to be present at this annual reunion.

"Handicapped Children" and Post-War Reconstruction

The National Special Schools Union, which has for forty years sought to "promote the welfare of children who are handicapped mentally or physically", has in this Report made a valuable contribution to the body of plans for post-war social and educational reform.

The subject of the Report deals with "children who have some physical defect of crippling, heart disease, tuberculosis or other physical disability, which makes it impossible for them to receive proper benefit from education in an ordinary school or to find suitable work; children who have only partial sight; those who suffer from epilepsy; and those children with sub-normal intelligence who can, nevertheless, be educated by special means". It includes also children suffering from temporary handicaps, such as anaemia, debility or malnutrition.

As the key to the whole problem, the Union urges the extension of Special School provision—day and residential—for all types of handicapped children, and it does not regard the special class in the ordinary elementary school as in any way an effective substitute.

Dealing with the vexed question of terminology, the abandoning of all discriminating labels such as "mentally defective", "physically defective", "epileptic", "maladjusted", is urged, in favour of the generic and innocuous term "handicapped", so that everything possible may be done "to remove what offends or might be thought to offend". Certification (another stumbling block) should, it advocates, be abolished and replaced by "classification" so that a child instead of being "certified" for admission to a special school shall merely be "classified" as a child needing such provision. It would leave the primary responsibility for classification in the hands of the medical practitioner, but considers that acting in conjunction with him there should be a local educational expert, e.g. an Inspector, with a first-hand knowledge of the schools in the area concerned.

Another reform urged is the earlier ascertainment of all handicapped children, and that schools for children who are physically defective should admit them at a younger (unspecified) age than at present, though this would probably necessitate the development of the boarding school system and of special nursery schools.

It may be remembered that the Wood Report recommended the inclusion of dull children with the feeble-minded in one "Retarded Group", to be educated together, but the Union, although noting the need for special provision in Elementary schools for the "dull", does not consider that such provision can take the place of Special Schools for children whose dullness is of such a degree that it prevents them from receiving proper benefit in any but a carefully planned environment.

One of the most valuable contributions to the Report deals with the needs of the epileptic child—so commonly overlooked. The extension of residential special schools for these children is advocated, together with the intensification of research, the organization of social care and the education of public opinion on the lines of the American Branch of the International League against Epilepsy.

On the subject of the selection and training of teachers for Special School work, the Union's recommendations include a suggestion that arrangements should be made by a statutory body through selected Training Colleges for a Course of at least three months, and that training should not be confined to the teaching of any one particular group of handicapped children, but should include all types.

The Report finally draws attention to the need for

supplementing educational provision for the handicapped child by a scheme for vocational training on leaving school with subsequent placement in suitable employment, thus linking up this particular problem with that presented by other "disabled" persons.

With some of the questions raised in this Report, the Special Committee of the Central Association for Mental Welfare, on the Education and Notification of Defective Children (set up in 1936 and reporting in 1939), dealt with in great detail, and a glance at the recommendations then made shows how extremely complicated are the issues involved so far as they entail legislative changes in both the Education Act, 1921 (Part V) and the Mental Deficiency Acts. The present Report covers a wider field and is concerned rather with general principles than with detailed amendments in the law. Its approach to the subject is essentially that of a group of practical idealists seeking to enlist the sympathy of the public in their work for children who are afflicted or distressed in mind or body, and whose claims are liable to recede into the background unless championed by those with an intimate knowledge of the suffering and frustration involved so long as they continue to be ignored.

The Report, which is attractively produced, may be obtained from Mr. J. Hudson, Hon. Secretary, N.S.S.U., 31 Hoodcote Gardens, Winchmore Hill, London, N.21, price 6d.

It may be of interest to note that this matter is amongst those which are to be considered by the Provisional National Council, through the Committee which is being set up to deal with questions arising out of the forthcoming Education Bill.

Courses for Staffs of Hostels for Difficult Children

The fourth and fifth of the Courses for the staffs of Hostels for Difficult Children arranged this year by the Provisional National Council and formerly by the Mental Health Emergency Committee, whose work it has taken over, were held respectively at Hereford Training College (July 15th to 23rd), and at Springfield St. Mary's, Oxford (September 1st to 9th).

The Hereford Course was primarily intended for Hostel workers from Civil Defence Regions 7, 8 and 9, and the Oxford Course for those from 3, 6 and 12, but owing to the fact that at Hereford there was accommodation for a much larger number of students, the Ministry of Health's Welfare Officers kindly arranged for several Students from Region 3 to attend the Course there in order that the total number taken might be as large as possible. Another helpful ruling of the Ministry was that in cases where two members of staff from the same Hostel wished to attend, one should go to Hereford and one to Oxford, irrespective of the particular Region to which they belonged. The total number of students attending the two courses was 59.

Both Courses were directed by Miss Ruth Thomas (Educational Psychologist of the Provisional National Council) and others who gave lectures or classes at each of these were: Dr. Grace Calver, Miss Lucy G. Fildes, Mrs. Goldschmeid and Miss Guy (Nursery Advisers, Provisional National Council), and Miss Winifred Houghton (Rhythmics). At each Course, talks were given by a Ministry of Health Regional Welfare Officer and by a Regional Representative of the Provisional Council.

A greater awareness of the underlying implications of their work was observed in the students attending these two Courses. The centre of interest had definitely shifted from concern with day to day Hostel management and with specific behaviour difficulties amongst the

children, to the wider consideration of the problem of their future adaptation and to the type of provision that will be needed for those left parentless. That the community should not lose the service of its Hostel Wardens when the need for the particular form in which it has been given during the war years is at an end, is becoming very clear to the organizers of these Courses, who urge that every effort to retain such service should be made, whatever type of provision is ultimately arranged for war orphans permanently deprived of normal home life.

Devon Committee for Education in Mental Health

An interesting development has taken place in Devonshire as a result of the pioneering activity carried on by Miss Howarth (Regional Representative of the Provisional National Council) supported by the Devon Voluntary Association for Mental Welfare and its Secretary, Miss MacMichael.

On May 29th, a Meeting was held at the invitation of the Mental Welfare Association, at the Deanery, Exeter, by kind permission of the Dean, who took the chair. After discussion, following on an address by Miss Ruth Thomas (Educational Psychologist of the Provisional National Council), it was agreed to form a Committee for the purpose of furthering educational and preventive work in mental health in the County. A small Committee was thereupon elected, and at a subsequent meeting the objects were defined as follows:

- (1) To further educational work in Mental Health.
- (2) To promote the study of personality in relation to healthy social living among all ages and groups of the community.
- (3) To ascertain the needs and opportunities in the county for this kind of work.
- (4) To meet from time to time to discuss the principles involved in this statement of aims, and to invite visitors to attend when desired.

Dr. Richard Eager was elected Chairman, Mr. W. E. Philip (County Director of Education) Vice-Chairman, Miss H. Sheehan Dare, Hon. Secretary, and Miss F. M. Dickinson, Hon. Treasurer. A panel of lecturers is to be formed and it is hoped that lectures may be arranged.

The Committee has applied for its recognition by the Provisional National Council, and this has been readily granted.

Rescuing the Spastic Child

There has recently been formed by parents of children suffering from disabilities due to Little's Disease, Spastic Paralysis and Cerebral Palsy, a Club whose object is to arouse national interest in the provision of centres for the treatment, education and vocational training of this group of handicapped children.

Too often in the past, they have been regarded as inevitably mentally defective and untrainable, but—largely through the efforts of Dr. Earl Carlson, an American specialist in cerebral paralysis, who was himself "spastic" in childhood and who, through dauntless courage and determination, learned to overcome all the disabilities considered to be permanently incapacitating—it is now beginning to be recognized that by means of a prolonged period of skilled training, even the most severe of the physical handicaps associated with this condition can be overcome. The success of such training demands intelligent co-operation on the part of the child. Where there is true mental defect complete success is not possible, but it has been estimated by

American experts, who have made an intensive study of the subject, that in only 30 per cent. of spastic cases is mental defect a factor.

In a recent circular issued by the Parents' Club, attention is called to the need for reliable statistics as to the incidence of Spastic Paralysis and associated conditions, as a preliminary to the establishment of a pioneer centre for specialized treatment on the lines of those in America which have achieved such striking results. In this activity, the Club has the support of the Central Council for the Care of Cripples who have sponsored it since its inception.

Enquiries, which are welcomed, should be addressed to the Hon. Secretary of the Club, Mrs. W. A. Colgan, "Gossamer", Outwood Lane, Chipstead, Surrey.

Obituaries

Professor John Hilton

The sudden death on August 28th, 1943, of Professor John Hilton means a grievous loss to the National Council for Mental Hygiene of whose Executive Committee he had been a member since 1939. This was the year in which Professor Hilton made a broadcast appeal for public financial support of the Council's work, for which the Association has reason to be especially grateful.

Professor Hilton's reputation as a champion of the rights of the ordinary man and woman found new expression in his espousal of the cause of those troubled in mind and spirit, to whose problems he gave the same friendly and sympathetic consideration which had earned him such popularity as a broadcaster and journalist. As the Council knows, despite his many interests and a busy and strenuous life, no appeal for help or advice in a difficulty went unheeded, and the many who wrote to him approached him not as a stranger but as an understanding friend.

In recording its deep sense of loss, the Council desires to extend its profound sympathy to his widow and family in their sad bereavement.

Sir Francis Fremantle

The C.A.M.W. record with regret the sudden death on August 26th of Sir Francis Fremantle, O.B.E., M.A., M.D., M.P., who, besides being a Vice-President of the Association, was for many years Chairman of its Parliamentary Committee and upon whose support in Parliament for any legislation which particularly concerned mental welfare the Association could confidently count.

Sir Francis was for 13 years, 1902-14, medical officer of health for Hertfordshire and M.P. for the St. Albans Division since 1919. His life was dedicated to public service and at the time of his death, at the age of 74, he was still giving active support to a number of organizations in his constituency.

To Lady Fremantle and her son, the members of the C.A.M.W. Council offer their sincere sympathy.

Clifford Beers

A great reformer has passed on. Clifford Whittingham Beers died on July 9th, 1943, at Providence, U.S.A., but his fine enthusiastic and farseeing spirit has left behind it work which persists and grows. At a time when such ideas as his were regarded as almost too progressive, and, in some quarters indeed, as subversive and revolutionary, he, a recovered patient, demonstrated the value of individual study of each patient, and a more hopeful attitude towards the whole question of insanity and its treatment. He gained support from some of the best men in America, both doctors and others, amongst whom Professor William James, the psychologist and writer, stands out.

As a man he left no stone unturned in his work. He was encouraging, idealistic, and persuasive, and never lost sight of his goal—the treatment of man to enable him to reach the best that he is capable of in a well balanced body, mind and spirit. The immense help that his wife gave him contributed very largely to his capacity for unremitting labour for so many years.

Clifford Beers established an international reputation as the founder of the Mental Hygiene movement over thirty-five years ago. He first attracted public attention after publishing his remarkable book, "A Mind that Found itself", which describes his experiences and the treatment he received in hospitals while himself undergoing mental treatment. The wide interest which this aroused won him the support of many prominent Americans, and also of the Rockefeller Foundation, the Commonwealth Fund and the Milbank Memorial Fund, as a result of which he organized the Connecticut Society for Mental Hygiene, from which emanated the National Committee for Mental Hygiene in New York and the many Mental Hygiene Societies throughout the United States.

Mr. Beers was especially interested in the founding of the National Council for Mental Hygiene in England in 1922, and attended the Association's first Annual Meeting. Thereafter he kept in close touch with its work and progress, and on those occasions on which he visited Europe he never failed to spend some of his time with the Council. During a visit to this country in 1937 he had the honour of being received by the Council's President, the late Duke of Kent.

Through his inspiration Mental Hygiene organizations were established in no less than 53 countries, and close liaison was maintained with all of these by the setting up of an International Mental Hygiene Committee. The first International Congress on Mental Hygiene, organized by Mr. Beers himself, was held at Washington, D.C., in May, 1930, and was attended by over 4,000 persons, including delegates from Mental Hygiene and other social welfare organizations from all parts of the globe.

Mr. Beers retired from active work with the movement in 1939, and his death occurred after a long period of ill-health.

Reviews

Mental Illness: A Guide for the Family. Edith M. Stern with the collaboration of Samuel W. Hamilton, M.D. Commonwealth Fund, N.Y. 1942. \$1.00.

This small book, suitably adapted to English conditions, and perhaps also to English temperament, should help to enlighten and reassure many people in this country who "have been initiated into the service of mental patients by experience". Paul Winterton's

Mending Minds seems to offer the nearest English parallel, but is written for a wider public and does not attempt in the same way to get beneath the skin of the anxious and bewildered relative, or to address him so intimately and directly.

Written primarily for the family of those mentally disordered persons who have to be admitted for a shorter or longer period to a mental hospital, the present

work takes up its theme at the point where "mental illness strikes" and tries to show what part the relative can play before, during and after hospitalization.

English readers will be astonished to find how admission procedure varies from state to state, ranging from the absence of all judicial intervention at one end of the scale to trial by jury as the unavoidable gateway to a mental hospital at the other. Remote as these things seem from present conditions in this country, the author's general attitude is not irrelevant to the English situation. She makes it clear that the individual patient's welfare is best served by a realistic acceptance of the existing legal procedure, combined with an expectation that those persons who are responsible for carrying out the law are on the whole humane and will co-operate with the relative in tempering the procedure to the patient to the limits of legality. Energy, which might have been dissipated in fruitless indignation or in futile attempts to circumvent the law may then be applied to the wider cause of reform, so that the angry relative becomes a valuable apostle of mental hygiene.

Acceptance of the authority and faith in the skill and integrity of the doctor at every stage of mental illness is urged throughout the book. This undoubtedly needs to be stressed, but the English reader may wonder whether it is not reiterated rather too often. The author's justification must be sought in the preface, where she describes the Americans as "a nation of self diagnosticians and self dosers" who "do not sufficiently respect our doctors".

The author is not herself engaged in the service which she describes, but has come to know something of the mental hospital from the inside, has consulted many people engaged in this work in various professional capacities and has had the collaboration throughout of Dr. Samuel W. Hamilton, Mental Hospital Adviser, U.S. Public Health Service, who has supplied the "Foreword". "Probably", he writes, "the way she says things is easier to understand than the way doctors would say them," and one might add that only a psychiatrist of rare imagination and sensibility could discard the protection of custom and of scientific interest and face with the relative what the catastrophe of mental illness means when it enters one's own home. The lay author deserves both praise and gratitude for what her book achieves in this difficult imaginative task.

Its appeal is rightly to the reason; because it is so it cannot take the place of—though it can most usefully supplement—the personal support which must be given to the relative by psychiatrist, psychiatric social worker and others of the hospital personnel. The general line taken is that of orthodox mental hygiene. "Once you have accepted the essentially simple fact that you are dealing with someone who is sick, you will be no more or less unhappy than you would be if your home were disrupted by tuberculosis or appendicitis or pneumonia." No doubt it is useful to stress this, as a counterweight to the shame, secretiveness, bewilderment and moral judgment which still attend a case of mental illness. Nevertheless, one may be heretical enough to question whether, in the realm of feeling and experience, mental illness does of its very nature give rise to distresses, alienations and questionings of a peculiar quality and depth. N.G.

The Mothering of Young Children. The Needs of Children at Home and in Nursery Groups. By Gwendolen E. Chesters. Faber & Faber Ltd. Pp. 82. 2s. 6d.

This admirable little book is especially welcome at the present time, when wartime nurseries are rapidly

being multiplied, as are the problems of children whose home life is broken by the claims of war. It is a hard world now for young children as well as for their deprived parents, and in the nursery world to-day there are too many small inmates who have already suffered through adult ignorance of the essential importance of mothering. Under war conditions, when bodily safety is threatened, there is a tendency to emphasize the physical aspect of child care to the detriment of the psychological. Miss Chesters, in her work of organizing war nurseries, has already done much to combat this tendency by promoting a better understanding of mental health among local authorities and nursery staffs, and her book represents a further valuable contribution to the same end.

On the first page the fundamental relationship of mother and child is made clear:

Children, like all living things, need a suitable setting in which to grow. The setting of a young child is called his environment. It forms the background of his development, and he grows largely in response to it. The baby's first environment is his mother. She forms at first his actual physical environment, for he grows inside her. And she remains his setting after he is born. Though he is no longer within her body . . . her mothering of him forms the background of his life. His own interest . . . tends to swing to and fro between himself and his mother, and to be largely centred in his relationship to her. Gradually the circle of his interest widens to include people other than her. He gets his first circle of friends.

The term mothering is defined as including at least two qualities, affection and wisdom, both necessary, "for each without the other can be equally destructive". The sentence following might well be written in letters of gold for nursery staffs and the committees behind them:—"Little can be more damaging to a child than careful planning for his life without genuine warmth of affection for him," and, it is added, without giving him a sense of his own intrinsic value. Many practical ways are suggested by which a child, even though separated from home, may be made conscious of this warmth of affection both in the mother whom he has temporarily lost, and in those who are acting as mother-substitutes. The wisdom necessary to good mothering is amply demonstrated in the author's observations, and advice, as for example, with regard to the causes of anger and its handling. "It may be necessary to restrain anger, but we must be careful not to make the child feel guilty or wicked for feeling angry," a remark which, incidentally, may serve to allay the emotional disturbances of adults who, in dealing with small children, find their own impulses to anger acutely stimulated.

The book covers many aspects of child care and development—the planning of a child's day; play in relation to thinking, feeling and muscular control; unsettled behaviour; friendliness and discipline. It has the charm of simple language and clear thinking, while the advice given is clearly based on good observation and deduction.

A.T.A.

Practical Psychology Handbooks. Nos. 19 and 21. Published by *The Psychologist*, 1 Southampton Street, W.C.2.

No. 19—The Parents' Problem, or How to tell Children about Sex. By R. Macdonald Ladell, M.B., Ch.B. Pp. 48. 1s.

Most well-adjusted parents would agree that when children ask questions about sex they should be given true and satisfactory answers suitable to their stage of

development. Dr. Ladell makes his own suggestions as to what these answers should be, and as he likes starkness and directness his formulae appear somewhat crude. Others may prefer to convey the same information as clearly and plainly but in a more artistic manner.

No. 21—Psychology—How it can Help You. By Reginald W. Wilde, M.A., B.Sc. Pp. 48. 1s. 3d.

This is a booklet designed to "explain what psychology is" and to show how a little knowledge may be a useful thing. It is written in simple language and is very readable. It gives advice which the average person should find helpful. H.C.S.

The Training and Teaching of Adult Workers. By Philip E. Vernon. University of London Press Ltd. Pp. 48. 2s.

The pamphlet describes the application of educational psychology to training in skilled and semi-skilled activities. It is written for the help and guidance of instructors and teachers who, though perhaps themselves highly skilled workers, may have had no previous experience of teaching and have no knowledge about its methods. The first chapter deals with differences in ability, the means by which ability may be tested and various differences that may be met with among trainees. Advice is then given to the instructor and subsequent chapters deal with Training and Skill, Theoretical Knowledge and Methods of Teaching. There is a final and useful chapter on working conditions. Within the limits of the space available the subject is admirably covered. H.C.S.

Health for the People. Horace Marshall & Sons Ltd. Pp. 80. 1s.

This report on the Health Services was prepared by a Sub-Committee of five appointed by the Liberal Party. The Committee is a lay one and acknowledges assistance from Mr. Aleck Bourne for many of the figures quoted. To the reviewer, as one who has spent many years in full-time Government service, but who has always been allowed the privilege of private practice "so long as it does not interfere with official duties", the report is in substance an echo of his own views. One quotation from page 10 will show the sub-committee's general approach to its subject:

It is not in the best interests of the nation that the local development of vitally important medical and other technical services should be left to the initiative and direction of lay persons, however enthusiastic and well-meaning, acting without medical expert advice, as is at present the case.

Statutory Medical Advisory Committees, charged with the duty of advising the Local Authorities in the exercise of their functions in respect of public health, should be appointed in each autonomous area.

The recommendations are generally on the lines of the Interim Report of the Planning Committee of the B.M.A., but the net is cast wider. The Committee approve the establishment of Health Centres as the pivot of the Domiciliary Medical Services. These Centres, it is suggested, should be provided, equipped and supplied by the local authority in respect of technical, clerical, and nursing personnel. At these Centres all persons irrespective of income should register. There should be free choice of doctors, and these should be paid on the following basis: the sum of the capitation fees of patients registered at the Centres would be divided into two parts. The amount of one half would be distributed

equally among all the doctors (eight to twelve in number) attached to the Centre. The remainder would be divided in a proportionate manner according to the number of patients opting for each doctor. Patients unable to visit the doctor at the Health Centre would be seen at home, and doctors could at their own premises and on their own terms see those wishing to consult them in their private consulting rooms or surgeries. The special difficulties of arrangements in Rural Areas is discussed. The provision of consultant services is recommended for the Health Centres as well as hospitals. The Centre would accommodate or would be the centre for dental and other special ancillary services. The Committee hope that all district nursing services would be associated with the Centre.

Voluntary hospitals would be brought under the scheme by an allocation of grants from the Local Authority up to 75 per cent. of their expenses. Hospitals with Medical Schools attached would receive their grants from the University Grants Committee. The report closes with an interesting appendix on "Social Therapy".

For those who have not studied the question of Medical Services after the war the report is well worth reading. H.C.S.

Psychological Medicine: a Short Introduction to Psychiatry. By Desmond Curran, M.B., F.R.C.P., D.P.M., and Eric Guttman, M.D., L.R.C.P.(Ed.). Foreword by J. J. Conybeare, D.M.(Oxon), F.R.C.P. E. & S. Livingstone, Edinburgh. 10s. 6d.

The value of this book lies in its clear, relatively brief, yet comprehensive presentation of the disorders of the mind. It will have a real appeal to students, General Practitioners and especially to Medical Officers in the Services, who have long recognized their need to keep abreast of modern points of view on this subject, but have been unable to give the time for the close consideration demanded in reading the immensely detailed literature already in existence. Psychiatrists also will welcome this book in that they are overburdened with work, a great part of which would be spared them if there were a wider knowledge of diagnosis and ability to administer simple treatment. In particular the appendix on Wartime Psychiatry, a section dealing specifically with psychiatry in the Services, is to be commended.

The collaboration of these two authors has resulted in a welded and integrated production. No longer are disorders divorced from the human subject, analysed and catalogued so that the student becomes bewildered and subsequently terrified of handling the mentally ill. The authors stress the fact that they are dealing with individuals and not "disease entities" and advocate an attitude which asks, "What type of reaction does this individual show and how can we understand it?" and not "What kind of mental disease has this patient got?"

Having clarified this point in the chapters on aetiology and symptoms of mental disorder, they pass on to a survey of treatment, general and particular, the latter including modern shock-therapy and psychotherapy. Full details are not given, but the bibliography appended at the end of each chapter indicates where more specific information can be obtained. The authors then lucidly present the main syndromes and reactions together with descriptions of constitutional anomalies. Of especial value is the brief chapter on the legal aspects of mental illness.

In the appendix on Wartime Psychiatry the reader is given the benefit of the authors' experiences of psychiatry in the Naval and Emergency Medical Services, and it is encouraging to note that most of the functional states in war-serving personnel are relatively simpler and easier

to manage than those in civilians, the external stress having greater significance than internal conflict in their determination.

This book is aptly sponsored by J. J. Conybeare, the protagonist of clarity and brevity in the exposition of medical knowledge.

L.M.

Speech and Voice: Their Evolution, Pathology and Therapy. Leopold Stein, M.D. Methuen. 1942. 15s.

Written primarily as a textbook for students of speech-therapy this important book makes a valuable and original contribution to the psycho-pathology of childhood. Dr. Stein's evolutionary interpretation of speech abnormalities illuminates some of the dark places of therapeutic work. The fundamental concept of growth, though accepted and applied without question in the study of the motor, intellectual, social and linguistic behaviour of children, had not hitherto been applied exhaustively and rigorously to the study of speech defects. The mass of observations made in this field lacked cohesion and awaited a unifying principle. It is satisfying that it is again the principle of evolution, the idea of growing by a natural process, that enables Dr. Stein to arrange and systematize most of the known abnormalities of speech. Our knowledge in this sphere begins now to take on the appearance of an ordered whole.

For those engaged in speech-therapy and speech-training the value of Dr. Stein's theory lies in the fact, well established by him on a basis of long experience,

that this theory aids diagnosis, makes forecast possible and suggests new and very promising methods of treatment. Dr. Stein shows how the speech defects of a child or an adult may be recognized as a definite, known level of normal speech-development. Under the stress of unfavourable conditions speech may have failed to grow normally beyond this level, or, having grown beyond it, may have been reduced to this lower level by a loss of more recently acquired speech habits. We are already familiar, in other fields of child development, with the checking of normal growth and with regression to earlier stages, concepts that have been extraordinarily fruitful in therapeutic work. Now speech-therapy can fall in line with other and well established psycho-therapeutic measures. The speech therapist, with firm ground under his feet, is in a position to estimate the severity of a disorder, the probable course that it will take, if untreated, and the prospect of improvement under treatment.

Brief quotations from Dr. Stein's book will serve to illustrate his theory in its application to Stammering: "Our elucidation will show the particular feature of a stammer refers clearly to developmental stages of the disorder, which stages again reflect certain patterns of action in the stratification of speech." "If we succeed in reaching a level that has remained intact—and this is what all theories of psycho-pathology ultimately attempt to do—we may hope that by proper means we shall be able to help nature in rebuilding the hierarchy of patterns which would satisfy the needs both of the patient and of his social environment."

C.A.S.

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For addresses of Child Guidance Clinics, apply to Child Guidance Council.

SOCIETIES AFFILIATED TO THE NATIONAL COUNCIL FOR MENTAL HYGIENE:

Bath and Bristol Mental Health Society—Hon. Sec., Miss M. H. Tonkin, Rodborough House, Rodborough, Stroud, Glos. Oldham Council for Mental Health—Hon. Sec., Miss E. M. Martland, J.P., Lyndhurst, Queen's Road, Oldham.

* Mental Welfare Department of Local Authority.

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